

## CHAPLAIN'S CONFIDENTIAL COUNSELING RECORD

NAME		GRADE		SSN		DATE	
UNIT ASSIGNED	UNIT PHONE	DATE OF BIRTH	AGE	PMOS	ETS	PCS	
LOCAL ADDRESS						HOME PHONE #	
YEARS IN SERVICE		DATE ARRIVED FORT SILL		LAST ASSIGNMENT			
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged				SPOUSES/FIANCEE'S FIRST NAME			
SPOUSES AGE		# OF CHILDREN		AGES OF CHILDREN		RELIGIOUS AFFILIATION	
HIGHEST EDUCATION LEVEL COMPLETED <input type="checkbox"/> Elementary School <input type="checkbox"/> Jr. High School <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College						VIETNAM VET <input type="checkbox"/> Yes <input type="checkbox"/> No	
TYPE OF REFERRAL				DISCIPLINARY ACTION PENDING LIST			
<input type="checkbox"/> Personal Problems <input type="checkbox"/> Marital Problems <input type="checkbox"/> Religious Matters <input type="checkbox"/> Discharge / Reassignment <input type="checkbox"/> Unit Problems <input type="checkbox"/> Family Problems <input type="checkbox"/> Premarital Counseling <input type="checkbox"/> Other							
SPECIFIC HELP DESIRED FROM CHAPLAIN							

## PRIVACY ACT STATEMENT

The personal information requested is for use by the Chaplain in the performance of his/her clerical responsibilities. The information is confidential and will not be released to anyone without your written consent. The information asked for will be helpful to the Chaplain in an attempt to counsel you or to arrange for a rite or sacrament. You are not required to provide the information on this form. However, failure to do so may prohibit the Chaplain from administering the necessary assistance requested. Information is requested under the authority of Title 10 USC 3044. Your SSN is requested under authority of executive order 9397 and will be used only to insure your proper identification.

REMARKS

(Chaplain) Rev 1 Dec 00